

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029706

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 168

STATE FILE NUMBER

VS 300
Rev. 4/59

1 1007

2 1000

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4 0

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9 4201

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11

12 86-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Length of stay in lb <u>1 YR</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SHUFFITT NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) <u>ORAN</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ZENO ADAM HEISSERER</u>		4. DATE OF DEATH Month Day Year <u>JULY 25 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/7/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>		11. BIRTHPLACE (City and state or country) <u>GEN'L MERCHANTILE SCOTT COUNTY MO.</u>	
13a. FATHER'S NAME <u>VINCENT HEISSERER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE DIRNBERGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Leroy Heisserer Sikeston, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ORAN</u>	
21. I attended the deceased from <u>June 1, 1962</u> to <u>7/25/62</u> and last saw him alive on <u>7/20/62</u> Death occurred at <u>11:15 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>7/30/62</u>	
22a. SIGNATURE <u>E. D. Urban, M.D.</u>		22b. ADDRESS <u>Sikeston</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7/27/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NEW GUARDIAN ANGEL'S</u>		23d. LOCATION (City, town, or county) <u>ORAN</u>	
24. FUNERAL DIRECTOR <u>EARL J. SMITH F. H.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 5 - 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>		27. REGISTRAR'S SIGNATURE <u>MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl J. Smith

Licensed Embalmer No. *2676*

P. O. Address *Orem, Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received July 25 - 1962